

A useful classification is given of the various schools for the criminal child. There are 288 of these, divided into (a) certified auxiliary homes, (b) day industrial schools, (c) short time schools, (d) industrial schools, and (e) reformatory schools, and the point is urged in relation to these criminal children who are physically and mentally defective that there should be one central clearing house from which these children would be drafted to places of instruction and training suitable to their needs. The Report recommends that all industrial schools should be under the education authorities, whilst the Reformatories should be under the Home office, and the great aim of the Society is to urge the need for more voluntary effort in the reformation and the care of children offenders.

A final comment is made upon the probation system, and this topic has recently received special attention from Sir George Cave through a letter addressed to the Clerks of Justices by Sir E. Troup, the Permanent Under-Secretary at the Home Office. As in the Howard Association Report, the Home Secretary also deplores the fact that in many areas little use is made by justices of the provisions of the Probation of Offenders Act, or when put into force the supervision exercised is only of a perfunctory nature. In the Report under review it is urged that no probation officer should have more than sixty cases under his care, and it is recommended by the Home Secretary that probation officers should be young men of education, in sympathy with young people and social work, such as boys' clubs or other juvenile organisations in a town, and that they should be in touch with the local education authorities and with the school teachers; also that they should be active, intelligent, and not engaged in other duties, such as police court missionary work, which must take up much of their time, and for these qualities it is urged they should receive such a fixed salary as would attract the right men, and so that they should not be tempted to undertake more cases than can be adequately supervised. Also, it is recommended that women should be appointed where women and children are concerned, and that in the work the offer of voluntary workers, if qualified, should be favourably considered. Magistrates are themselves advised to be more in touch with the probationer as well as with the various committees having to do with social work and education. The Justices should obtain periodical reports of the case, as well as visit privately, and they should not hesitate, if the home or other circumstances are adverse to his welfare, to transfer the offender to surroundings in which he may obtain a better chance of reforming or of avoiding fresh temptations.

It is evident that the Home Secretary is fully in touch with the excellent recommendations of the Howard Association, and that he is aware of its work and means to support it.

It is noticed that Mr. Thomas Holmes has ceased to be the secretary after ten years' active service, but he is now upon the Executive Committee. The Association is to be congratulated upon having secured as secretary Mr. Cecil Leeson, a most promising successor to Mr. Holmes. He is not only a serious student of sociology, but one whose interest in the subject of scientific and humane criminology has already been proved, and we trust that the Howard Association under his secretaryship may be as helpful and successful in the future as it has been in the past. We can cordially support the appeal made for increased financial help. The work done is of supreme public usefulness, and the present Report deserves to be widely read.

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Brend, Wm. A., M.A., M.D. *Health and the State*. Constable and Co.; 1917; pp. 354; price 10s. 6d.

THE object of this handsome book of 354 pages is stated to be to outline a scheme for complete reorganisation of the public health services, both central and local. In arguing for the particular form of reconstruction advocated by him, Dr. Brend has taken a wide view of the scope of

public health, and has set out his—oft-times erratic—views on disease and its prevention in eleven readable chapters.

The first chapter, which may be regarded as a summary of the views set out in further detail in subsequent chapters, illustrates the author's bias on a number of medical problems.

A good illustration of one-sidedness is furnished by the statement on p. 18 that all the present outlay on sanatoria, Poor Law infirmaries, hospitals, medical services, and sickness benefit, and indeed on all forms of medical treatment, "does nothing to alter the environmental conditions which are mainly responsible for disease." Such a statement involves a totally inadequate conception of the contents of "environment." Quite apart from the diminution of infection arising from institutional treatment, the diminution of mal-nutrition and over-fatigue—serious causes of disease—in relatives and home nurses, the economy of expenditure in straitened homes, and the improved treatment of the patient himself—all circumstances of environment—have been among the great determining causes of the lowered death-rate from many diseases during the last few decades. It is obviously misleading to place such measures in unfavourable antithesis to efforts directed mainly towards the prevention of disease. Both sets of measures are necessary, and in actual fact there has in recent years been unexampled activity both in general social and sanitary improvement and in measures of treatment.

In the second chapter the author accepts the view that infectious diseases such as measles and smallpox become less serious among peoples who have had a long racial experience of them. In regard to the two diseases just named, the evidence of acquirement of increased racial resistance is well known to be unsatisfactory. Dr. Brend should refer to the original accounts of the epidemics of measles in Polynesia, and to the records of exceptionally virulent outbreaks of both of these diseases which still occur in racially experienced communities. He maintains similar views on tuberculosis; and, like so many of the same school of thought, forgets that what he regards as a lowered power of resistance in certain individuals may in reality imply only exposure to more massive or more protracted infection. The only sound position for the philanthropist and the administrator is to avoid dogmatism on either side. Even though increase of powers of resistance may rank higher than diminution of infection, we have no doubt that Dr. Brend, for a patient or the family of a patient in whom he was personally interested, would insist on every possible diminution of infection from notified open cases of tuberculosis, while taking all practicable measures to increase personal resistance. Is not this the obvious line for public as well as for individual action?

The author's views on infant mortality require special attention. Unfortunately, his information on this subject does not appear to be derived from personal investigation; and he falls back on the vague generalisation that urbanisation is the predominant influence determining excessive infant mortality. This is a totally inadequate generalisation, scarcely worthy of the name. Urbanisation is a complex with many constituent elements, and further analysis is needed if the result is to be worth recording. Dr. Brend rightly places poverty and ignorance of parents as of only secondary importance in the production of infant mortality. It is on "defective sanitation" that his information is incomplete. He fails to recognise the significance of the excessive diarrhoeal mortality associated with domestic insanitation. Urbanisation is common to Burnley and Bacup, to Wigan and Workington, and yet we learn from a recent report issued by the Local Government Board that the diarrhoeal death-rates at ages 0-5 per 1,000 births in the first two are 55 and 13, and in the last two towns 49 and 12, respectively. Further inquiry will show

Dr. Brend that domestic insanitation is in the first rank as a cause of excessive child mortality.

Meanwhile, he has his own special explanation of the maleficent influence of urbanisation: "Dirtiness of the air appears to be the one constant accompaniment of a high infant mortality . . . a smoky and dusty atmosphere as a cause of infant mortality transcends all other influences." We do not wish to minimise the evil effects of smoke and dust in towns. Dust especially serves to carry infectious matter from backyards and streets into houses and on to food supplies. But this is not a complete explanation of either of the two chief causes of infant mortality after the first few months of extra-uterine life, diarrhoeal and respiratory diseases. As shown in official reports issued both by the Local Government Board and by medical officers of health, the rate of infant mortality may be 50 per cent. higher in one part of a town than or even more than double that in another part of the same town, exposed to similar conditions as regards smoke. In Middlesbrough the death-rates in contiguous wards among children under five from bronchitis and pneumonia are 93 and 39 per 1,000 births; and in St. Helens, another smoky and dusty town, the corresponding death-rates in contiguous wards are 71 and 26.

An even more striking illustration of the insufficiency of either "urbanisation" or "smokiness of air" as an explanation of excessive infant mortality is furnished by the experience of block dwellings, especially of the Peabody Buildings, in the Metropolis. They experience an infant mortality resembling that of such a favoured district as Hampstead, although they represent overcrowding on area in an extreme form, and are commonly placed in densely populated and poor parts of London. They illustrate, better perhaps than any other class of dwelling, the excellent results obtainable when domestic sanitation and cleanliness and reasonable sobriety of conduct are a condition of continued tenancy.

It is necessary to note another dogmatic statement made by Dr. Brend: "Mortality from developmental conditions, which is almost restricted to the first month, is practically beyond control"; and from this statement he draws conclusions as to the comparative inutility of some of the most promising maternity and child welfare work now being done in this country. It is impossible to reconcile the above-quoted statements with the facts of experience as shown in official reports. Thus developmental diseases cause a death-rate varying from 30 per 1,000 births in the East Riding of York and in Durham, to 16-18 in Hereford and Wiltshire. The death-rate in the first month after birth is nearly double in some areas what it is in other areas. Can it be reasonably asserted that the higher death-rate at this tender age may not be reduced to the level of the lower death-rate? It must be noted, furthermore, that these are average rates, *embodying in every area a most varied experience*, and in every area these rates may therefore reasonably be expected to indicate the possibility of a further saving of life.

In the fourth chapter Dr. Brend is equally iconoclastic in dealing with the activities of the school medical service. Medical inspections, treatment centres, like medical treatment under the National Insurance Act, mean palliative measures; while preventive measures consist in open spaces, clearing of slums, wider streets, and scattering of the people. "It is for the community to choose which it will have." The antithesis is false; both must be chosen. The latter will not obviate the need for the former; and even were it otherwise, we cannot afford to stand inactive, as is by implication suggested, until we can secure the rebuilding and de-urbanisation of our towns.

The most interesting chapters of the book deal with medical treatment among the working classes; and many of Dr. Brend's strictures on the working of the National Insurance Act are decidedly illuminating and helpful. This chapter will well repay perusal; and the criticisms of

the imperfect knowledge, the indecent hurry, and the lack of consideration of counsel from those competent to advise on the subject, with the extravagance and inefficiency in administration which has followed, in the main are not too strongly stated.

Dr. Brend has little to tell us of value on the side of reconstruction. In this direction he is seriously handicapped by his obvious lack of knowledge of the extent and the success of the work already accomplished by sanitary authorities. His remedies are remedies *pour rire*. He would add one more to the present large number of central and local authorities engaged in public health work, an additional Ministry "side by side with the present departments." This would provide "an investigating authority . . . the greatest necessity in our present system," additional duties being subsequently added to this Ministry one by one. With the contention that science, and especially medical science, should take a much more active share in the central administration of public health we entirely agree; but Dr. Brend assumes that the experts who must consider departmental medical and lay proposals must not be officially connected with these departments and must decide *ex cathedra* as well as *ab extra* on doubtful points. There are many questions needing independent research which are capable of being investigated extra-departmentally; and recent State endowment of industrial and medical research has done much to meet this need. There is also need for further sociological and statistical inquiries in addition to those already undertaken by the central departments concerned; and the Government would be well advised to make further provision in these directions. But Dr. Brend's conception of a Ministry of Health consisting of experts "comparable with, let us say, the geological survey," the consent of which must be obtained before public health advances are permitted to become operative, if accepted, would lead to clogging and obstruction of social amelioration, worse than now occurs with an unnecessarily large number of central and local authorities.

Administration and research cannot safely be separated. The administrator knows how to temper and sift the practicable from the impracticable in academic results which usually need revision from time to time; and the expert can often suggest valuable lines of useful administration. But if the two are divorced, all past experience shows that inefficiency must result.

In regard to local administration Dr. Brend is even more unsatisfactory. Our popularly elected local authorities are not to be entrusted with local health administration. This is to be given to a non-elective body, the present local authority being left with the residue of administration—what would it be? There is a better way; but here we must be content with a naked statement of Dr. Brend's proposal.

Dr. Brend's book is stimulating and useful for the well-informed reader. For others it will be misleading, as they do not possess the knowledge required to secure for them the stimulus without being misled in some not unimportant particulars.

Report of the Conference on New Ideals in Education held at Oxford from July 29th to August 5th, 1916. Obtainable from the Secretary, 24, Royal Avenue, Chelsea; pp. 267; price 2s.

THE annual conference of "educational idealists" under the leadership of the Earl of Lytton, whose doings (or sayings) in 1916 are herein reported, appears to have developed out of a conference on Montessori methods, held at Runton in 1914, and is evidently a growing affair which has "caught on." It is one of the several indications that there are still possibilities of life in the dry bones even of the driest educational disciplines, and it is a good sign of progress that new ideals, and even "fads," should crop up to be ventilated and cross-questioned. Education